(X3) DATE SURVEY

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 C B. WING HAL078083 05/28/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1301 E. FOURTH AVENUE **RED SPRINGS ASSISTED LIVING RED SPRINGS, NC 28377** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) C 000 Initial Comments C 000 This is a Report of a Complaint Investigation conducted by Greg Cates and Billy S. Bryant on May 28, 2015. Based on our records, this facility was first licensed or submitted for licensure on April 5. 1995 as a Home for the Aged, and licensed for Eighty-One (81) Resident Beds.the facility Based on the above information, the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1991 (1995 Rev) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1994 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. The Complaint states that the facility is a locked unit but is not licensed for Special Care residents. The compaint ws Substantiated C 116 Plans Submittals and Approvals C 116 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND **SPECIFICATIONS** (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents.

(X2) MULTIPLE CONSTRUCTION

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED							
		HAL078083	B. WING		05/2) 8/2015						
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00/2	0,2010						
RED SPRINGS ASSISTED LIVING 1301 E. FOURTH AVENUE RED SPRINGS, NC 28377												
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE	(X5) COMPLETE DATE						
C 116	(b) Approval of Cospecifications shall prior to licensure. A Documents shall exhaulding permit for to obtained. (c) If an approval eshall be issued by the Construction Documents of the applicant or regulations, codes aby the applicant or reviewed by the Dividensing requirements of the approvalicensing requirements of the completed conconform to the required including the operary shall be approved in to licensure or occupantion of the Division when a remodeling starts a is 50 percent, 75 percomplete and upon. This Rule is not median to the complete and upon.	nstruction Documents and be obtained from the Division Approval of Construction spire after one year unless a the construction has been expires, renewed approval the Division, provided revised ments meeting all current and standards are submitted appointed representative and rision. I addeduring construction shall of the Division to assure that ents are maintained. In of the Division to assure that ents are maintained. In writing by the Division prior appancy. Within 90 days the owner or licensee shall into the Division that "as the been received from the redesignated agent shall notify ctual construction or and at points when construction ercent and 90 percent final completion.	C 116									

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Division of Health Service Regulation STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED							
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C 116	a- The existing mag front entrance/ EXI replaced with a "wa following issues, incomplete 1- There were replaced with a "construction to installation of 2- There is no existent as within 3 feet of the front and the system. However, the system of the system of the system of the system of the system. However, the system of th	gnetic locking system at the I has beenmodified or nder-guard" system with the cluding but not limited to: no submittals to n for review and approval prior of the system. Semergency release switch front entrance/ EXIT. I door lock is proximity of a transmitter, the on activation of the fire alarm the door will relock prior to the	C 116								

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